10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

JUL 1 5 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT,

IN FORMA PAUPERIS APPLICATION AND

TONY		Scotsky	FINANCIAL AFFIDAVIT				
	Plaint	tiff					
	٧,						
	0.00	- Tolor 1.60	CAS	SE NUMBER	<u>08CU3</u>	<u> 143 </u>	
Defendant(s)		endant(s)	JUDGE NORGLE				
nore; rovid other vithousecla	information de the add Towy r r out full pr re that I is complaint	included, please place an X into on than the space that is provide litional information. Please Place of S (d, attach one or more UNT:, declare the titled case. This aff apport of my motion f these proceedings support of this pet	pages that refa at I am the B idavit constitution for appointing, and that I a	er to each such quest. plaintiff Dpetition utes my application nent of counsel, or m entitled to the re	ion number and oner □movant on □ to proceed □ both. I also elief sought in	
1101	Are ye	ou currently incarcerated?	□Yes Name of prison or	jail:	(If "No," go to Que		
	Montl	ou currently employed? hly salary or wages: and address of employer:		DW ₀			
	a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last			my Syster	ns Tibaa	
	ъ.	Are you married? Spouse's monthly salary of Name and address of empl	□Yes or wages:	DATO			
	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.						
	a. Amou	Salary or wages	Received by	PARSHAL I	LAYes C. S. VESICN	□No	

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	⊠ No
	c. □ Rent payments, □ interest or □ dividends Amount Received by	∐Yes	⊠ No
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurant compensation, ☐ unemployment, ☐ welfare, ☐ alimony or not described by ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	naintenance or 🗆	
	e. □ Gifts or □ inheritances AmountReceived by	□Yes	DBNo
	f. Any other sources (state source: Amount Received by	_) □Yes	⊠Ño
4,	Do you or anyone else living at the same residence have more tha savings accounts? DYes No Tota In whose name held: MAZSHALLSCLICE elationship to you	al amount: <u>_/<i>ク</i>/</u>	000
5.	Do you or anyone else living at the same residence own any stoc financial instruments? Property: STOCICS Current Value: In whose name held: MAISHACC SLATCHY Relationship to you	₽Yes	□No
6.	Do you or anyone else living at the same residence own any recondominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held Type of monthly mortgage or loan payments: Name of person making payments: Type of property: Current value: Current value: Name of person making payments: Type of property: Current value: Current	SQYes LL G2608 SO,000 BROTHEY ASSESSME	= # 8 0 7
7.	Do you or anyone else living at the same residence own any auton homes or other items of personal property with a current market value. Property: MERCERY CRAID MARQUIS Current value: 16000000000000000000000000000000000000	nobiles, boats, tra lue of more than PYes	ailers, mobile
8.	List the persons who are dependent on you for support, state your reindicate how much you contribute monthly to their support. If none		

I declare under penalty of perjury that the above is to 28 U.S.C. § 1915(e)(2)(A), the court shall distallegation of poverty is untrue.	nformation is true and correct. I units this case at any time if the case	inderstand that pursuan ourt determines that my
	-7 10	2. O. L
Date: 7-15-06	Signature of App	olicant
	(/	
	Tony SL	UCSKY
	(F(IIII Name)	
NOTICE TO PRISONERS: A prisoner murinstitutional officer or officers showing all receiping the prisoner's prison or jail trust fund accounts. covering a full six months before you have filed yin your own accountprepared by each institution periodand you must also have the Certificate below.	ots, expenditures and balances du Because the law requires informa our lawsuit, you must attach a she n where you have been in custod	ring the last six month; ation as to such accounts et covering transactions y during that six-month
CER	TIFICATE	•
(Incarcerat	ed applicants only) ne institution of incarceration)	
I certify that the applicant named herein,	, I.D.#	, has the sum of
\$ on account to his/her credit at		
I further certify that the applicant has the following	ng securities to his/her credit:	I further
certify that during the past six months the applic	ant's average monthly deposit w	as \$
(Add all deposits from all sources and then divid	e by number of months).	
DATE	SIGNATURE OF AUTHORIZ	ZED OFFICER
	*	

rev. 10/10/2007

(Print name)